

CASE MANAGEMENT NOTE SUPPLEMENT				
Resident Name: _____		Date: _____		
Current Phase:	I	II	III	Request for Phase movement: Yes No
Is resident taking medications as prescribed?	Yes	No		
Have there been any changes in medications?	Yes	No	(If changes, attach Dr. note)	
Any incident reports or violations?	Yes	No	(If yes, please attach)	
Has resident followed through with all children's appointments both medical and counseling?	Yes	No		
Has resident attended all in-house meetings?	Yes	No		
How many outside meetings has resident attended?	_____			
Has resident completed house chore daily?	Yes	No		
Has resident completed room chores daily?	Yes	No		
Has resident made a deposit in savings account?	Yes	No	(Attach updated savings statement)	
Have debt payments been made?	Yes	No		
Childcare observations:				
Case manager comments:				

